

# Youth Camp Safety Advisory Council Annual Report

Maryland Department of Health & Mental Hygiene  
OFPCHS/Division of Community Services  
6 St. Paul Street, Suite 1301, Baltimore, MD 21202-1608  
Phone (410) 767-8417 or Toll Free 1-877-4MD-DHMH ext 8417  
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- **At the end of your camping season**, please complete the information below and submit the completed form to the Department of Health and Mental Hygiene (DHMH) at the above address or fax number. Effective September 1, 2004, Maryland Certification for Youth Camps, COMAR 10.16.06.06, requires that an operator files an annual report within 2 weeks of the end of camp.
- If you do not submit an annual report within 2 weeks of the end of camp, you are in violation of the Certification for Youth Camp Regulations, COMAR 10.16.06.06. **When an operator does not correct a violation, DHMH may take appropriate legal action including denying, suspending, or revoking a certificate.**

➔ Camp Name \_\_\_\_\_ Certificate # \_\_\_\_\_

➔ Camp Address: \_\_\_\_\_

➔ Complete the following chart with the understanding that a camp may have a one-session camping season or several shorter sessions.

Session	Session Dates	# of Campers	# of Staff
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

➔ Total number of campers: \_\_\_\_\_ (*Count a camper that attends more than one session only once.*)

➔ Total number of injuries, illnesses, and fatalities requiring care by a physician, dentist, or nurse and as a result of which the camper is treated at or admitted to a medical facility, has a laboratory analysis performed, or undergoes an x-ray.

Injuries: \_\_\_\_\_ Illnesses: \_\_\_\_\_ Fatalities: \_\_\_\_\_

If not previously done, submit the required report form to DHMH with this annual report. In order to maintain victim confidentiality, remove victim's name and other personal identifiers from the completed report form before submitting.

➔ Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

➔ Print Name and Title of Person Completing this Form \_\_\_\_\_